

**Commonwealth of Massachusetts to Receive Bioterrorism Preparedness Funding from
US Department of Health and Human Services**

February 12, 2002

Governor Swift has received notification from Tommy Thompson, US Secretary of Health and Human Services, that federal funds will soon be made available to the Commonwealth of Massachusetts to enhance public health preparedness efforts against biological threats. According to Secretary Thompson, these funds are intended specifically to upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties, and expand public health laboratory and communication system capacity.

State implementation plans are to be submitted between March 15 and April 15, 2002, and we expect to receive final guidance on how to prepare and submit the Commonwealth's initial planning document by February 15, 2001. In the meantime, Secretary Thompson has provided us with a list of "Critical Benchmarks for Bioterrorism Preparedness Planning" (see attached).

The Massachusetts Department of Public Health, in conjunction with the Governor's Bioterrorism Council, will be establishing two advisory committees: the State Bioterrorism Preparedness and Response Program Advisory Committee, and the Hospital Bio-Preparedness Planning Committee. These committees will include state and local officials and representatives of a range of public and private sector entities.

Additionally, HHS is providing funding directly to the cities of Boston, Worcester, and Springfield for the Metropolitan Medical Response System initiative, which is part of the 120 Cities initiative begun in 1995. This initiative enhances the existing local and city systems capability to respond to a chemical or biological incident and provide triage, medical treatment, and patient decontamination.

Further information will be made available once MDPH receives formal award notification and detailed program guidance on February 15, 2002. If you have any questions about the planning process, please contact Cynthia Larson, Emergency Preparedness Coordinator at MDPH. Ms. Larson can be reached at (617) 624-5289 or by email at Cynthia.Larson@state.ma.us.

Attachment

Critical Benchmarks for Bioterrorism Preparedness Planning

1. Designate a Senior Public Health Official within the State health department, to serve as Executive Director of the State Bioterrorism Preparedness and Response Program and a Coordinator for hospital preparedness planning.
2. Establish an advisory committee to include representatives from (included but not limited to):
 - State and local health departments and government;
 - Emergency Management Agencies; Emergency Medical Services;
 - Office of Rural Health;
 - Police, fire department and emergency rescue workers and occupational health workers;
 - Other health care providers, including university, academic medical and public health;
 - Community health centers;
 - Red Cross and other voluntary organizations; and
 - The hospital community (to include Veterans Affairs and military hospitals).
3. Prepare a time line for the development of a state-wide plan for preparedness and response for a bioterrorist event, infectious disease outbreak, or other public health emergency.
4. Prepare a time line for the development of regional plans for bio-preparedness and response for a bioterrorist event, infectious disease outbreak, or other public health emergency.
5. Prepare a time line for assessment of emergency preparedness and response capabilities related to bioterrorism, other outbreaks of infectious disease and other public health emergencies with a view to facilitating planning and setting implementation priorities.
6. Establish a hospital bio-preparedness planning committee, (affiliated with the state-wide bioterrorism advisory committee) whose composition includes representation from (but not limited to):
 - Emergency Medical Services;
 - Emergency Management Agencies;
 - Office of Rural Health;
 - State hospital associations;
 - Veterans Affairs and military hospitals;
 - Primary care associations.
7. Develop a time line for implementation of regional hospital plans that would accommodate in an emergency at least 500 patients.

8. Assess statutes, regulations, and ordinances within the state that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures.
9. Develop a plan and identify personnel to be trained to receive and distribute critical stockpile items and manage a mass distribution of vaccine and/or antibiotics on a 24 hours a day, 7 days a week basis.
10. Develop a plan to receive and evaluate urgent disease reports from all parts of the jurisdiction on a 24 hour a day, 7 days a week basis.
11. Assess epidemiologic capacity with provision for at least one epidemiologist for each Metropolitan Statistical Area with a population greater than 500,000.
12. Develop a plan to improve working relationships and communication between Level A (clinical) laboratories and Level B/C laboratories, (i.e. Laboratory Response Network laboratories) as well as other public health officials.
13. Develop a plan that ensures that 90 percent of the population are covered by the Health Alert Network.
14. Develop a plan for communication systems that provides for a 24/7 flow of critical health information between hospital emergency departments, State and local health officials, and law enforcement.
15. Develop a plan to enhance risk communication and information dissemination to educate the public regarding exposure risks and effective public response.
16. Assess training needs with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other health care providers.